

(Electronic Version)

Date of Crash 07/Mar/2014 11:53 AM	Time of Crash 07/Mar/2014 11:53 AM	Date of Report 07/Mar/2014 12:36 PM	Invest. Agency Report Number 14-127352	HSMV Crash Report Number 84610634
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CRASH IDENTIFIERS

County Code 03	City Code 0	County of Crash HILLSBOROUGH	Place or City of Crash UNINCORPORATED H.C.	Within City Limits No	Time Reported 07/Mar/2014 11:53 AM	Time Dispatched 07/Mar/2014 11:56 AM
Time on Scene 07/Mar/2014 12:14 PM	Time Cleared Scene 07/Mar/2014 02:42 PM	Completed Yes	Reason (if Investigation NOT Completed)		Notified By Law Enforcement	

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway MORRIS BRIDGE RD			At Street Address#	At Latitude	and Longitude
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway INTERSTATE 75		
Road System Identifier 4 County		Type Of Shoulder	1 Paved	Type Of Intersection	1 Not at Intersection

CRASH INFORMATION (Check if Pictures Taken)

light Condition 1 Daylight	Weather Condition 2 Cloudy	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 3 Angle
First Harmful Event Type	First Harmful Event 14	First Harmful Event Location 1 On Roadway	Within Interchange Yes	First Harmful Event Relation to Junction 1 Non.Junction
Contributing Circumstances: Road 1 None		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment 1 None		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related 2 Yes	Crash In Work Zone 4 Activity Area	Type Of Work Zone 3 Work on Shoulder or Median	Workers In Work Zone 2 Yes	Law Enforcement In Work Zone 1 No

VEHICLE (Check if Commercial)

Vehicle 2	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number AMZD96	State FL	Reg. Expires 13/Jan/2015	Permanent Reg. No	VIN 5TDKK4CC8AS335473
Year 2010	Make TOYT	Model SIENNA	Style VN	Color GRY	Extent of Damage Disabling	Est. Damage 7000	Towed Due To Damage Yes

Insurance Company DIRECT GENERAL INSURANCE	Insurance Policy Number FLAD490076442
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Name of Vehicle Owner (Check Box If Business) ALBERT D MCCLINTON	Current Address (Number and Street) 4346 HUDDLESTONE DR	City and State WESLEY CHAPEL FL	Zip Code 33545-5234
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Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axes
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axes
Vehicle Traveling:	Direction West	On Street, Road, Highway MORRIS BRIDGE RD			At Est. Speed 40	Posted Speed 50	Total Lanes 4		
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area	

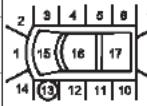
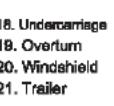
Comm GVWR/GCWR 3500	Trailer Type (trailer one)	Trailer Type (trailer two)	18. Undercarriage 19. Overturn 20. Windshield 21. Trailer
Haz. Mat. Release	Haz Mat. Placard	Number	Class
Motor Carrier Name	US DOT Number		

Motor Carrier Address	City and State	Zip Code	Phone Number
Comm/Non-Commercial	Vehicle Body Type 2 Passenger Van	Vehicle Defects (one) 1 None	Emergency Vehicle Use 1 No

Vehicle Maneuver Action 1 Straight Ahead	Trafficway 3 Two-Way, Divided, Unprotected (painted >4 feet) Median	Roadway Grade 1 Level	Roadway Alignment	Most Harmful Event 2 Collision with Non-Fixed Object	Most Harmful Event Detail 14 Motor Vehicle in Transport
Traffic Control Device For This Vehicle 77 Other, Explain in Narrative	First (1) Sequence of Events 2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events	

VEHICLE (Check if Commercial) <input type="checkbox"/>	EXHIBIT 1
Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport
Year 2010	Hit and Run 1 No
Make FORD	Model EDGE
Style SW	Color BLK
Extent of Damage Disabling	Est. Damage 7000
Vehicle Defects (one) 1 None	Towed Due To Damage Yes
State OH	Reg. Expires 28/Feb/2016
Permanent Reg. No	VIN 2FMDK3JC2ABA19053
Vehicle Removed By NATIONAL TOWING	Rotation Rotation

Insurance Company HOME OWNERS INSURANCE CO	Insurance Policy Number 4672189800
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Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> SUSAN K ERWIN			Current Address (Number and Street) 6715 RIVERSIDE DR					City and State POWELL OH			Zip Code 43065
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN			Year	Make	Length	Axes
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN			Year	Make	Length	Axes
Vehicle Traveling:	Direction West	On Street, Road, Highway MORRIS BRIDGE RD							At Est. Speed 15	Posted Speed 50	Total Lanes 4
CMV Configuration			Cargo Body Type					Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR			Trailer Type (trailer one)			Trailer Type (trailer two)		 18. Undercarriage 19. Overtum 20. Windshield 21. Trailer		 18. Undercarriage 19. Overtum 20. Windshield 21. Trailer	
Haz. Mat. Release	Haz Mat. Placard	Number			Class						
Motor Carrier Name				US DOT Number							
Motor Carrier Address								City and State		Zip Code	Phone Number
Comm/Non-Commercial	Vehicle Body Type 16 (Sport) Utility Vehicle		Vehicle Defects (one) 1 None			Vehicle Defects (two)			Emergency Vehicle Use 1 No		Specual Function of MV 1 No Special Function
Vehicle Maneuver Action 10 Making U-Turn	Trafficway 3 Two-Way, Divided, Unprotected (painted >4 feet) Median		Roadway Grade 1 Level		Roadway Alignment 1 Straight		Most Harmful Event 2 Collision with Non-Fixed Object		Most Harmful Event Detail 14 Motor Vehicle in Transport		
Traffic Control Device For This Vehicle 77 Other, Explain in Narrative		First (1) Sequence of Events 2 Collision with Non-Fixed Object			Second (2) Sequence of Events			Third (3) Sequence of Events		Fourth (4) Sequence of Events	
		14 Motor Vehicle in Transport									

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name SUSAN K ERWIN			Date of Birth	Sex 2 Female	Phone Number	Re-Exam No
Address 6715 RIVERSIDE DR			City POWELL		State OH			Zip Code 43065	
Driver License Number		State OH	Expires 07/Mar/2014	DL Type 5 E/Operator	Req. End.		Injury Severity 4 Incapacitating	Ejection 1 Not Ejected	
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed		Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 1 Left		Seating Location Row 1 Front	Seating Location Other 1 Not Applicable	
Drivers Actions at Time of Crash (first) 3 Failed to Yield Right.of.Way			Drivers Actions at Time of Crash (second)				Driver Distracted By 1 Not Distracted		Vision Obstruction 1 Vision Not Obscured
Drivers Actions at Time of Crash (third)			Drivers Actions at Time of Crash (fourth)				Drivers Condition at Time of Crash 1 Apparently Normal		
Suspected Alcohol Use 1 No	Alcohol Tested 1 Test Not Given	Alcohol Test Type		Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested 1 Test Not Given	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility 2 EMS		EMS Agency Name or ID TEMPLE TERRACE FD			EMS Run Number F01-201400		Medical Facility Transported To TAMPA GENERAL HOSPITAL		

PERSON RECORD

Person# 2	Description 1 Driver	Vehicle # 2	Name ALBERT D MCCLINTON			Date of Birth	Sex 1 Male	Phone Number	Re-Exam No
Address 4346 HUDDLESTONE DR			City WESLEY CHAPEL		State FL			Zip Code 33545	
Driver License Number		State FL	Expires 13/Jan/2017	DL Type 5 E/Operator	Req. End.		Injury Severity 3 Non-incapacitating	Ejection 1 Not Ejected	
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 3 Deployed-Front		Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 1 Left		Seating Location Row 1 Front	Seating Location Other 1 Not Applicable	
Drivers Actions at Time of Crash (first) 1 No Contributing Action			Drivers Actions at Time of Crash (second)				Driver Distracted By 1 Not Distracted		Vision Obstruction 1 Vision Not Obscured
Drivers Actions at Time of Crash (third)			Drivers Actions at Time of Crash (fourth)				Drivers Condition at Time of Crash 1 Apparently Normal		
Suspected Alcohol Use 1 No	Alcohol Tested 1 Test Not Given	Alcohol Test Type		Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested 1 Test Not Given	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID			EMS Run Number		Medical Facility Transported To REFUSED TRANSPORT		

WITNESSES

Name MICHAEL ALBERT HEBERT	Address 5842 AUDUBON MANOR BL	City LITHIA	State FL	Zip Code 33547
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WITNESSES

Name WAYNALYN WOODS DESHIELDS	Address 20333 NATURES CORNER DR	City TAMPA	State FL	Zip Code 33647
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WITNESSES

Name JON WILLIAM BERRY	Address 1620 S DOVER RD	City DOVER	State FL	Zip Code 33527
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VIOLATIONS

Person# 1	Name SUSAN K ERWIN	Florida Statute Number 316.1515	Charge IMPROPER/UNSAFE OR PROHIBITED U-TURN	Citation A1T19UE
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NARRATIVE

ID Number 5941	Rank MASTER DEP D. LAJIC	Name TRAFFIC120	Troop / Post HILLSBOROUGH COUNTY SHERIFF	Officer Agency 813-247-0600	Phone Number 316.1515	Date Created Mar 07, 2014
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Vehicle #1 (V1) was stopped on the right shoulder of westbound Morris Bridge Rd at the interchange area of Interstate 75. V1 had pulled behind her husband, who was operating a RV Motor Home. V2 was traveling west on Morris Bridge Rd, approaching the Interstate 75 interchange area (northbound exit/entrance ramp area).

There is active construction in this area and the median of Morris Bridge Rd was blocked off and lined with construction barrels. The driver of V1 and her husband decided to make a u-turn on Morris Bridge Rd to head back towards the northbound I-75 entrance ramp. The driver of V1 failed to yield the right of way to V2 when she proceeded back out onto Morris Bridge Rd to make her u turn. The driver of V2 had already began to slow down because the RV had made the u turn but was unable to avoid hitting V1. The front right of V2 struck the driver's side door area of V1.

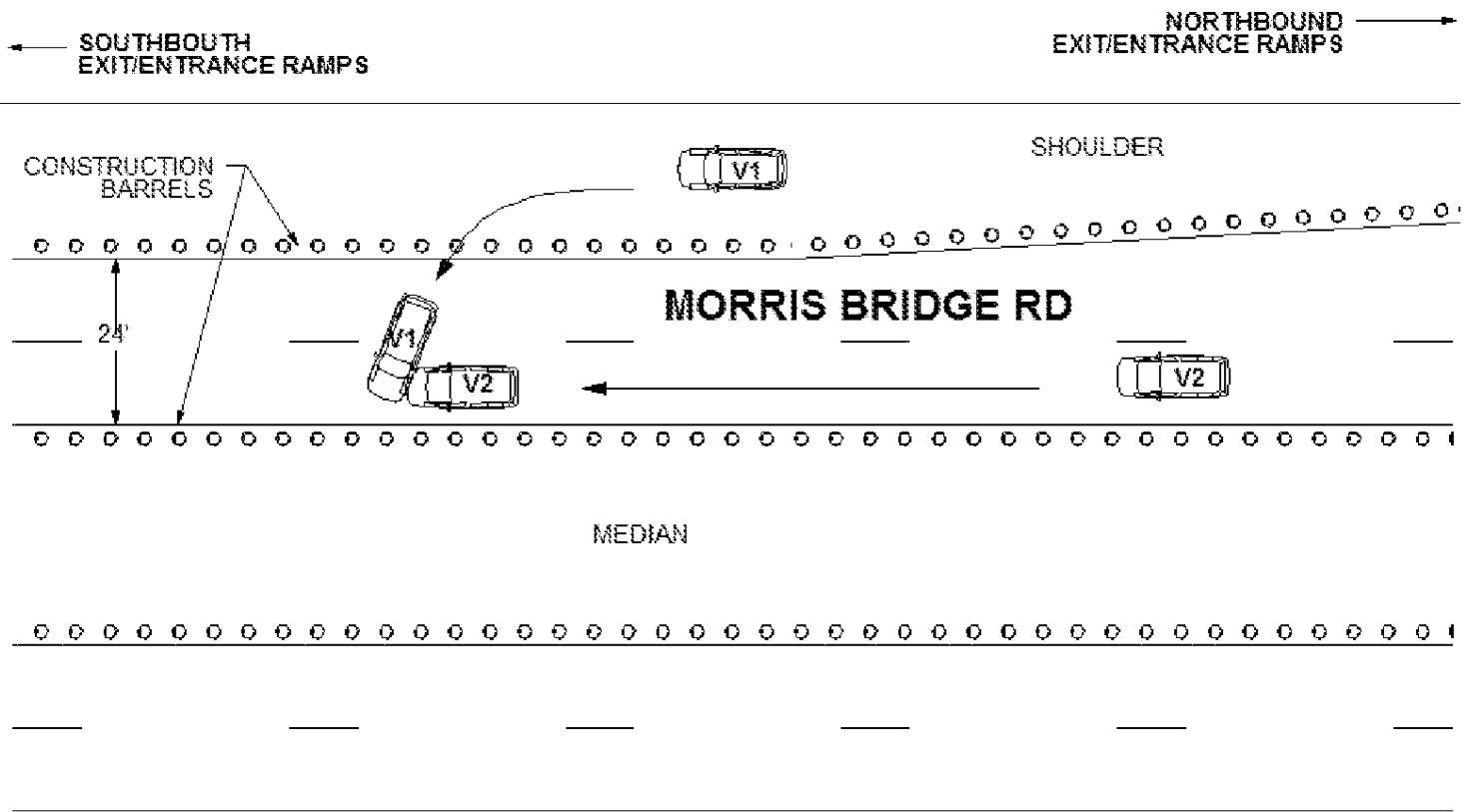
The driver of V1 was transported to Tampa General Hospital for incapacitating injuries. The driver of V2 was sore from the airbag deployment and seatbelt. He declined medical transport. It has been determined that the driver of V1 is at fault in this crash and was cited for making an improper/unsafe u turn.

The driver of V2 stated he was driving down Morris Bridge Rd and saw a RV making a u turn and then the other car (V1) followed and turned in front of him at the last second.

The driver of V1 stated she did not remember what happened.

REPORTING OFFICER

ID/Badge # 5941	Rank and Name MASTER DEP D. LAJIC	Department HILLSBOROUGH COUNTY SHERIFF'S OFFICE	Type of Department SO
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**INTERSTATE 75
INTERCHANGE AREA**

-- NOT TO SCALE
-- MEASUREMENTS ARE APPROXIMATE